



CITY OF WESTMINSTER

CLAIM AGAINST THE CITY

NAME OF CLAIMANT _____ PHONE _____

ADDRESS _____

ADDRESS TO WHICH CLAIMANT DESIRES NOTICE TO BE SENT: _____

DATE AND TIME OF OCCURRENCE: _____

LOCATION: _____

DESCRIBE SPECIFIC LOCATION WHERE INCIDENT OCCURRED: _____

COMPLETE DESCRIPTION OF ALL DAMAGES AND/OR INJURIES INVOLVED: _____

WAS A POLICE REPORT FILED _____ YES _____ NO IF YES, POLICE REPORT NO. _____

NAME OR NAMES OR PUBLIC EMPLOYEE(S) CAUSING THE INJURY, LOSS OR DAMAGE, IF KNOWN: _____

DESCRIBE IN DETAIL WHAT HAPPENED: _____

AMOUNT CLAIMED AS OF DATE OF THIS REPORT: _____

ESTIMATED AMOUNT OF PROSPECTIVE INJURY, DAMAGES, OR LOSS: _____

WHAT, IN YOUR OPINION, CAUSED THE INCIDENT (IF CLAIM IS BASED UPON AN ACCIDENT)

WITNESS:	<u>NAME</u>	<u>ADDRESS</u>	<u>TELEPHONE</u>
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1.	_____	_____	_____
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2.	_____	_____	_____
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I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE FACTS HEREIN ABOVE SET FORTH ARE TRUE AND CORRECT OF MY OWN KNOWLEDGE.

Date: _____

Signature: _____

Address: _____

CITY OF WESTMINSTER

CITY CLERK'S OFFICE

**8200 Westminster Boulevard
Westminster, California 92683
(714) 898-3311**

IMPORTANT – READ BEFORE EXECUTING AND FILING

CLAIM AGAINST THE CITY FORM

1. Claims for death, injury to person, or to personal property must be filed not later than six months after the occurrence (Gov. Code, Sec. 911.2).
2. Claims for damages to real property must be filed not later than one year after the occurrence (Gov. Code, Sec. 911.2).

This form is for the convenience of those desiring to present claims against the city. Claimant is advised to consult his private attorney if he desires legal advice. No employee of the city may give legal advice to any claimant relating to private claims.